



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 8200

SERIAL NUMBER 09/191,047	FILING DATE 11/12/1998  RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. MS1-286US
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APPLICANTS

SARAH E. ZUBEREC, SEATTLE, WA;  
CYNTHIA DU VAL, SHORELINE, WA;  
BENJAMIN N. RABELOS, SEATTLE, WA;

\*\* CONTINUING DATA \*\*\*\*\*  
None AAA

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
None AAA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 12/03/1998

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Non Dam Brown</i> Initials <i>Non AAA</i>	STATE OR COUNTRY WA	SHEETS DRAWING 7	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 7
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34

ADDRESS  
22801  
LEE & HAYES PLLC  
421 W RIVERSIDE AVENUE SUITE 500  
SPOKANE, WA  
99201

TITLE  
SPEECH RECOGNITION USER INTERFACE

FILING FEE RECEIVED 1414	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/191,047	FILING DATE 11/12/98	CLASS 704	GROUP ART UNIT 2741	ATTORNEY DOCKET NO. MS1-286US
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APPLICANT

SARAH E. ZUBEREC, SEATTLE, WA; CYNTHIA DU VAL, SHORELINE, WA;  
BENJAMIN N. RABELOS, SEATTLE, WA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

None App

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

None App

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

None App

FOREIGN FILING LICENSE GRANTED 12/03/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 7	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 7
Verified and Acknowledged <u>None App</u> Examiner's Initials _____		Initials _____			

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SPEECH RECOGNITION USER INTERFACE

FILING FEE RECEIVED  \$1,414	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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